AMAINSTEIN	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-013975							
No. 11 No. County Adair No.	PO NOT WRITE AMERICAN Registration District No							
STATE Mo. COUNTY Livingston semistation with the county of the count	ON THIS STUB					esidence before		
Doc 17 Page Doc	·vs 300	الوا	$ \cdot $		DESCRIPTION OF THE PROPERTY OF			
3 A O O O O O O O O O O O O O O O O O O	Rev. 4/59	9	11	1-	b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits		
3 A O O S O O O O O O O O O O O O O O O O		\ ¥		1	TOWN Kirksville 3 weeks TOWN Chula	Yes 🛭 No 🙀		
3 A O O S NAME OF DECASED First Models Lat A Date Month Day Year Date Name Date Name N	6017	¥		[-		Reside on Farm		
A O O O O O O O O O O O O O O O O O O O	205901	DATE		1_	INSTITUTION Kirksville Osteopathic Yes No [] RFD # 2	Yes 📆 No 🛘		
Ralph R. Howell Death April 18, 1962 5 Z 6 SEX 6. COIN OR RACE white Wildowed Death April 18, 1962 5 Z 6 SEX 6. COIN OR RACE white Wildowed Death April 18, 1962 7 / Jone White Wildowed Death April 18, 1962 6 SEX 8. COIN OR RACE white Wildowed Death Death Moried of S-29-1898 7 / Jone Wildowed Death Death Moried of S-29-1898 8 / SEX 8. COIN OR RACE wildowed Death Death Moried of S-29-1898 8 / SEX 8. COIN OR RACE wildowed Death Death Moried Of Sex 8 SE				-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year		
S. SEX Male White O Now-World D STATE OF BIRTH S. AGE (But Divinder) IF UNDER 1 YEAR IF UNDER 24 HR male White O Nidewald D Now-World D No		1 1		1	Ralph R. Howell DEATH April 18, 1962			
To Justa Coccupation Give batter of work done to the control of the provided of the country of t	4 0		1	1-	5. SEX 6. COLOR OR RACE 7. Married Never Married 6. DATE OF BIRTH 9. AGE (last birthday) 1F UNDER 1 YEAR			
Condition of laws Condition County Count	5 2				male white WidowedXCX Divorced 5-29-1898 63 Min 19	Hours Min.		
13. FATHER'S NAME 13. MOTHER'S MADERN NAME 14. NAME OF HUSBAND OR WHEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY.NO. 17. INFORMANT 18. Address Addre				7	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF V	VHAT COUNTRY		
13. AATHER'S NAME 13. MANE OF HUSSAND OR WHE 14. NAME OF HUSSAND OR WHE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address		1 1 1	11	1	watchmaker Jewelry Pueblo. Colo. U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Lib. SOCIAL SECURITY.NO. 17. INFORMANT Address 10. 1	7 /		11	1				
(Yes, no, or unknown) (if yes, give wer or dates of service) 10 10 10 10 10 10 10 10 10 1	_ [\$		1		E.L. Howell Jessie VanRhoden Leona B. Howell, do	ec.		
STATE Conditions Contributing	8 1	<u> </u>		Ī				
10 12 2 2 2 2 2 2 2 2	9/62/			1	no Kenneth Howell Chula Mo.			
IMMEDIATE CAUSE (a) 122-2 13/-0 15 10 days 10				:	1 18. CAUSE OF DEATH (Enter only one cause per line f	ERVAL BETWEEN SET AND DEATH		
Which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c) Carcinomatosis from bronchogenic carcinoma Unknown		ا ا اا			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Which gave rise to above scause (a), stating the under- lying cause last. DUE TO (c) Carcinomatosis from bronchogenic carcinoma Unknown	11					<u></u> .		
Which gave rise to above ceuse (a), stering the under: DUE TO (c) Carcinomatosis from bronchogenic carcinoma Unknown	۱۸.	: 1.55.1		3	Conditions, if any, DUE TO (b) Gastric Hemorrhage	days		
State Stat		<u> </u>			which gave rise to above cause (a), }			
19. WAS AUTOPSY 20s. ACCIDENT SUICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE 10st item 18.) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE 10st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour Month, Day, Year 1st item 18.) 20s. TIME OF Hour	13/-0	= -	 			cnown		
NOW WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 20. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20. TIME OF HOUR MONTH, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20. TIME OF HOUR MONTH, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from 1-17-62 Death occurred at 7:02 A.M. 1-18-62 Death occurred at 7:02 A.M. 1-18-62 22-UGNATURE (Degree or title) 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) (State) 23a. BURIAL, CREMATION, 23b. DATE BUILIAL LI-21-62 Maple Hills Kirksyille Mo		5		Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased to the terminal disease condition given in PART I (a)	was female was cy in last 90 days.		
20d. INJURY OCCURTED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bldg., etc.) 21d. I ettended the deceased from leaves stated. 22e. Date Signed 22e. Date Signe	Ľ	<u> </u>		[₹	□ Yes □ N	o Unknown		
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I ettended the deceased from 11-17-62 m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. DATE SIGNED 22e. DATE SIGNED 22e. DATE SIGNED 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 22d. LOCATION (City, town, or county) (State)	Z			Ę	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II	of item 18.)		
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21d. I ettended the deceased from 11-17-62 21-18-62 21-18-62 22-18-28-28-28-28-28-28-28-28-28-28-28-28-28	اِ اِ			Ü				
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I ettended the deceased from 11-17-62 m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. DATE SIGNED 22e. DATE SIGNED 22e. DATE SIGNED 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 22d. LOCATION (City, town, or county) (State)	2 2	!	11	3	20c. TIME OF Hour Month, Day, Year			
NOT WRITE AT WORK 11-17-62 10-18-62 and last saw him alive on 11-17-62 21. I strended the deceased from 11-17-62 no n the date stated above, and to the best of my knowledge, from the causes stated. 22-SIGNATURE (Degree or title) 22-SIGNATURE (Degree or title) 23-SIGNATURE (Degree	× ĝ [⁴			Ē	p.m.			
NOT WRITE AT WORK 11-17-62 10-18-62 and last saw him alive on 11-17-62 21. I strended the deceased from 11-17-62 no in the date stated above, and to the best of my knowledge, from the causes stated. 22-figNature (Degree or title) 22-figNature 22-figNatur				1 ~	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE		
Death actures as the signed state of the second state of the secon					NOT WHILE AT WORK			
Death actures as the signed state of the second state of the secon	¥ % ₩	<u> </u>	11	١.	2) Legended the deceased from $l_1-17-62$ to $l_1-18-62$ and last saw l_1 alive on $l_1-17-62$			
23a. BURIAL, CREMATION, 23b. DATE Semoval (Specify) Burial 4-21-62 Maple Hills Kirksville Mo	4 E	<u> </u>		ı	7.02 A M 118-62	uses stated.		
23a. BURIAL, CREMATION, 23b. DATE Semoval (Specify) Burial 4-21-62 Maple Hills Kirksville Mo	# ₹			_ [Deall Country of the			
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Burial L-21-62 Maple Hills Kirksville Mo	_ ⊃ <u>E</u>	오			TITESVILLE OS GODA OTIC TO SPICAL			
PEMOVAL (Specify) Burial 4-21-62 Maple Hills Kirksville Mo	i-	S		_	100 W. Jefferson, Kirksville, No.			
Z		o l	772		REMOVAL (Specify)	10.0.0/		
		Ž	1 15	.	DUTIAL 4-21-62 Maple Hills Kirksville Mo			
Dee kiley runeral Home, Inc. / / / /		TEA	>	. []	Dee Kiley Funeral Home, Inc.	til I		
415 North Franklin W.K., Jackson Upw 7.1962 North Wicksylle. Missouri (Licensed Embalmer's Statement on Reverse Side)		-	"	' I _		7//		

Termit usued april 19, 1962

5961 PS Adh

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	_ Signed Larry Jackson
Signature of Student Embalmer	00
	Licensed Embalmer No. 5158
• •	P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. $\dot{\,}^{\circ}$

If this body is not embalmed, fact should be so stated above.

and the second of the second o